USF PLAN for IMPLEMENTATION of GOALS and OBJECTIVES

Goal 1: Residents will understand the impact of various social determinants on the health and well-being of children and their families.

**NOON CONFERENCE TGH OCTOBER 2010**
- Lecture followed by debate or “pass a grab bag”
  - Debate: Is there one social determinant that should be considered the fundamental cause of disease?
  - “Pass a grab bag” around containing social determinant terms and concepts. Each resident offers a definition for the term he or she pulls out of the bag and describes how it potentially impacts health.

Goal 2: Residents will learn to assess the health status of populations using available data in order to characterize the health of a community.

**NICU MONTH**
- Research and report back in continuity clinic or other learning setting the following rates for your local community:
  - Births
  - Infant, Child, and Adolescent Mortality
  - Teen Pregnancy
  - STI’s
  - Poverty
  - Uninsured
  - Substance Use
  - Prematurity/Low Birth Weight
  - Immunization Rates
  - Prevalence of Lead Poisoning
  - Obesity
  - Ratio of primary care providers or RN’s to individuals
  - High School Drop-outs
- Identify a major health issue in your community and research how your area compares to similarly-sized cities in your state, the nation, and globally. Identify programs that have helped address these issues. Examples of major health issues to research:
  - Number of births
  - Infant, Child, and Adolescent Mortality rates
  - Teen Pregnancy rates
  - Poverty rates
  - Food insecurity rates
  - STD rates
  - Low Birth Weight rates
  - Immunization Rates

Goal 3: Residents will understand the various types of prevention programs and their differences.

**DURING ACUTE/AMBULATORY CLINIC MONTH 1**
- Define primary, secondary and tertiary prevention and give examples of each.
- Choose a common health problem found in your patient population and develop different types of prevention strategies (primary, secondary, and tertiary) to address the problem.
- Look at the Healthy People 2010/2020, MMWR’s 10 Great Public Health Achievements, and the NLM’s leading causes of death in children and discuss these in terms of different types of prevention strategies:
  - MMWR 10 Great Public Health Achievements: [http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm)

- Discuss a primary and secondary prevention intervention that you think would be useful to implement in your clinic.

**Goal 4: Residents will become familiar with use of screening tests and incorporation of screening into prevention programs.**

**DURING NEWBORN NURSERY MONTH – Newborn Screen**

- Compare and contrast sensitivity and specificity
- Compare and contrast positive predictive value and negative predictive value
- List 3 screening tests used in inpatient and outpatient settings. What is the sensitivity and specificity of each test? How well does each test perform in terms of true positives and false positives? (Can use population of 10,000 and disease prevalence of 10% for exercise)
- Discuss the possible economic loss, stress, and anxiety from the number of falsely identified children of each test.

**Goal 5: Residents will understand how prevention and health promotion impacts patients, their families, and the community.**

**DURING CONTINUITY CLINIC**

- Design or identify a well child form which incorporates the AAPs recommendations for preventive pediatric health care.
- Select a preventive health issue of interest and research whether there are any effective programs or policies for the prevention of this health issue. Discuss the successes in finding the information or thoughts on why finding the information was a challenge.
- Review the United States Preventive Services Task Force (USPSTF) recommendations for children. What are the recommendations with the strongest evidence? The weakest?
- Trace immunization rates for children in your state or community over the past 5 years. If they’re increasing, why? If they’re decreasing, why?
- Determine if there are efforts in your state or community to increase immunization rates. Determine the impediments to better immunization rates in your state or community, and consider what might be done to improve rates.
- Trace the events leading to eradication or near-elimination of smallpox, measles, Haemophilus influenza b disease in the country or in your community, or look at the decreases in rotavirus disease since adoption of that vaccine.
- Study the recent increase in pertussis across the country or in your community, and determine what are the successes and problems in pertussis control.
- Look at some of the websites that promote immunization refusal (e.g., [http://www.nvic.org/](http://www.nvic.org/) and [http://www.nationalautismassociation.org/thimerosal.php](http://www.nationalautismassociation.org/thimerosal.php)); devise arguments to counter their claims.
- Differentiate between vaccine refusers and those whose children are behind on immunizations. Devise methods to deal with both groups.
- Discuss any immunization discrepancies that occur within populations in a nearby locality.
- Identify resources for tracking rates of obesity and also sources for data.
- Set up a system to track rates of obesity in continuity clinic or hospital admissions.
- Create educational flyers – 6th grade or below – using large font words and pictures.
- Do an educational flyer for each area of safety – make them colorful and maybe conduct focus groups with targeted population to ascertain best methods and materials to include.
- Distribute these fact sheets through doctor offices, community locations, media press releases, etc.
- Keep track of the number and type of flyers distributed and the method of distribution, e.g. door to door outreach, posters/flyers in doctor's offices, mailings, website, etc. (Educational flyers should include risk factors such as motor vehicle injuries, alcohol-involved motor vehicle deaths, self reported seat belt safety, homicide, suicide, fall injuries, brain injuries, poisoning, smoke alarm use)
- Choose two specific prevention recommendations from among those on the U.S. Preventive Services Task Force webpage (sponsored by the Agency for Healthcare Research and Quality) which would apply directly to the patients you see in the ambulatory setting.
Goal 6: Residents will understand key issues related to the pediatrician’s role and interactions with public health systems at the local, state, and national levels.

DEVELOPMENTAL MONTH

- Search state and local DHS or DPH websites regarding services. Determine state and locally-specific mechanisms to access services for children and families in your community practice.
- Describe how you could collaborate with a state or local DPH agency to address one of the service areas of need (e.g., family planning, infectious disease surveillance, newborn screening, lead screening and abatement, oral health promotion).
- Determine how referrals are made for children from continuity clinic and make a referral to an outside community agency for several of your patients. Follow a referral that has been made through your continuity clinic system. Once you have filled out the form, what happens to it? Who actually makes the appointment for the family? Are there changes you’d make to what currently happens to improve the likelihood that a child you referred will receive the service you wanted?
- Develop a code card handout for families or posters in clinic with resources for residents to be able to easily access information related to programs and initiatives in the community. Provide UCLA CHAT’s example.
- Search state and local DHS or DPH websites regarding services and structure. How are they different or similar?
- Interview director or staff of state or local DHS or DPH regarding services and programs.
- Go to state DOH website and find list of reportable conditions for your state; compare to NNDSS list. What are the key differences?
- Participate in a CDC Clinician Outreach Communication Activity (COCA) conference call.
- Describe the structure and function of AHRQ and CMS. How do they differ? Describe the structure and function of the CDC and U.S. Public Health Service. How do they differ?

Goal 7: Residents will understand the usual public health units in a large public health department which address specific health concerns or conditions facing children and youth.

EMERGENCY MEDICINE MONTH

- Research or contact the MCAH branch of your local DHS or DPH and learn about 3 MCAH programs. Describe the role and function of each program.
- Trace the story of rotavirus vaccine, from initial approval of Rotashield® to unexpected safety concerns arising to withdrawal to approval of two newer vaccines, Rotateq® and Rotarix®
- Study the development, approval and administration of pandemic H1N1 vaccine
- Visit the MRC website to find up-to-date information on the MRC unit in your community:
  - [http://www.medicalreservecorps.gov/FindMRC.asp](http://www.medicalreservecorps.gov/FindMRC.asp)
- Use pre-existing material to run a table-top exercise for house staff relating to preparedness.
- Complete a COCA training online:
  - [http://emergency.cdc.gov/coca/training.asp](http://emergency.cdc.gov/coca/training.asp)
- Critique of press releases during anthrax outbreaks in 2001 to see which tenets of risk communication are done well and which are not.
- Critique of press releases during H1N1 outbreaks to see which tenets of risk communication are done well and which are not.
- Review of video available at [www.cdc.gov](http://www.cdc.gov) on talking to parents about vaccines to see which tenets of risk communication are employed.
  - [http://training.fema.gov/EMIWeb/IS/is22.asp](http://training.fema.gov/EMIWeb/IS/is22.asp)
  - Checklist to assess own readiness for home or workplace
- Visit the MRC website to find up-to-date information on the MRC unit in your community:
  - [http://www.medicalreservecorps.gov/FindMRC.asp](http://www.medicalreservecorps.gov/FindMRC.asp)
- Locate public health exercises in your community.
- Use pre-existing material to run a table-top exercise for house staff relating to preparedness.
- Complete a COCA training online:
  - [http://emergency.cdc.gov/coca/training.asp](http://emergency.cdc.gov/coca/training.asp)
- Los Angeles Children’s Hospital Pediatric Disaster Resource and Training Center
  - “Surge World” online game: [http://lachildrenshospital.net/SurgeWorld/](http://lachildrenshospital.net/SurgeWorld/)
- Identify the publicly-funded mental health agencies in your area. Identify additional contracted mental health agencies who provide services to children and families. Determine whether they have language services and the cost of their services. Find out the breadth of services they provide.

**Goal 8:** Residents will have the knowledge and understanding of the U.S. health care system and financing.

**AMBULATORY/ACUTE MONTH**

- Determine what preventive services are available for children without health care insurance in your community.
- Discuss passive prevention methods (e.g., mandated side air bags, maximum preset water temperatures on water heaters) and their costs/benefits relative to active prevention methods (e.g., education to use seat belts and to turn down water heater temperatures).
- Determine to what extent preventive health care services are covered by “bare bones” and more expansive health care insurance policies available in your community.
- Interview patients about what preventive services they might forego if insurance did not pay for them and if they were forced to pay increasing co-pays (i.e., determine a “price point” for certain services).
- Describe what % of the GDP is spent on health care in the U.S. Where is the bulk of this spent? What is the breakdown of the GDP spent on healthcare? How does the U.S. GDP compare to other developed countries and what is the relationship between leading health indicators?
- Discussion: What are the similarities and differences between Medicaid and SCHIP? What are the similarities and differences between an HMO and PPO?
- What is an IPA? What other mechanisms exist to organize physicians or physician groups?

**Clinical**

**Goal 1:** Residents will address the improvement of patient health outcomes by applying knowledge of social determinants of health in their primary care practice.

**CONTINUITY CLINIC**

- Have residents identify 3 common clinical conditions seen in their pediatric practices and discuss 3 social determinants for each condition.
- Monthly or bimonthly Social Determinants Journal Club.
- Case-studies discussions illustrating social determinants of health.
- Development of a social determinants differential diagnosis during precepting for appropriate clinical cases.
- Development of a monthly multi-disciplinary social work rounds for the presentation of an illustrative clinical case.
  - Health care presentation to a local community group on a select topic of social determinants of health.
Goal 2: Residents will develop the skills to recognize the assets in their patients and communities and build upon them to enhance the health of the population they serve.

ADVOCAACY MONTH

- Windshield Survey
  - See “Starter Kit for Community Preceptors”. For directions
  - Research where in your community to refer patients for the following issues. Arrange a site visit to learn how these sites are assets to your community clinic. Arrange a contact to discuss how partnering may improve services or referrals to better serve families:
    - Obesity treatment and prevention
    - Breast pump rental
    - School or learning problems
    - Literacy aid
    - At-risk youth
    - Crisis Hotlines
    - Suicide prevention
    - Substance abuse
    - Mental Health concerns
    - Counseling for parents or children
    - Play therapy
    - Early Intervention
    - Special education
    - Health Department
    - Community clinics
    - Domestic violence
    - Public assistance
    - Immigration questions
- Using the “Scavenger Hunt” or “Windshield Survey” approach/exercise, describe the following factors for children and families receiving care at your clinic:
  - Walk-ability of surrounding community
  - Bus lines providing transportation to clinic
  - Ratio of MD’s to population in community
  - Resources in clinic or community to assist families in public health insurance enrollment
  - Access to supermarkets
  - Access to pharmacy
  - Access to parks
- Development of a Handbook of Community Resources for distribution to patients and staff.

Goal 3: Residents will understand the logistical challenges in the design and implementation of prevention and health promotion programs

DEVELOPMENTAL MONTH

- Browse the resources and select a screening or prevention program that you could use in your practice site:
  - [http://www.thecommunityguide.org/about/Overview_GuideCommunityPreventiveServices_1and2.pdf](http://www.thecommunityguide.org/about/Overview_GuideCommunityPreventiveServices_1and2.pdf)
  - Review the community guide website for the area of prevention and focus on general information, task force recommendations (if available), and possible ways those recommendations could be incorporated in your clinic or community.
- In thinking about implementing a selected screening program, conduct an interview with key informants after reading about the process of the key informant interview:
  - [http://www.oasas.state.ny.us/prevention/needs/documents/KeyInformantInterviews.pdf](http://www.oasas.state.ny.us/prevention/needs/documents/KeyInformantInterviews.pdf)
- Identify a proposed prevention or health promotion program and answer the following:
  - Why is there a need?
  - Who would you target?
What resources would you need?
Who would you need to get involved?
What would be potential barriers?
How would you determine if the program is a “success”?

- Describe potential strategies to improve access to a screening prevention program for the following groups:
  - Low English proficiency
  - Low health literacy
  - Cultural norms that may not prioritize program

**Goal 4:** Residents will communicate effectively with patients and families about the topics of prevention and public health.

**ADVOCACY MONTH**

- Complete the “Cultural Competence Module: A self Assessment Exercise”:
- In a small group format have participants define and explore the following:
  - Race, Ethnicity, Culture, Cultural Knowledge, Cultural Awareness, Cultural Sensitivity, Cultural Competence, Cultural Humility, Generalization vs. Stereotype, Continuum of Cultural Competency
  - Participant family origins - when, how, and why ancestors arrived to the US?
  - Ethnic advantages/disadvantages, stereotypes of other ethnicities you may hold.
- Read and discuss the journal article “Cultural Humility versus Cultural Competence”:
- In small group format, have each participant share with the group what expectations they have for how their patients’ diverse cultural background will play a role in their future interactions with them.
  - What definitive steps can physicians take in their interactions to make sure they HEAR their patients?
- Walk through local community. Visit churches, grocery stores, pharmacies, and visit a community health expert or healer. Eat a meal in a neighborhood restaurant.
  - In small group format, each resident should share their experiences: what expectations, assumptions, or stereotypes did they have about this community priority to visiting? How did these change after visiting, and how will this experience play a role in their future interactions with patients from different ethnic backgrounds?
- Role-Play Exercise - after learning the skills introduced about motivational interviewing, conduct a 10 minute short “mock” behavioral counseling session addressing a behavior that could be modified (e.g., exercise, heart healthy diet, smoking cessation). Form groups of 3: one as the interviewing doctor, one as the patient, and one as an observer. Residents should take the first 2-3 minutes to assess the behaviors, stressors, triggers, and barriers to change that would need to be incorporated into effective counseling. Residents can take turns serving as the patient and the physician. The resident in the role of the patient should give feedback to the person serving as the behavioral counselor addressing the following points: listening skills (number of open-ended questions asked), clarity of the presentation, degree to which counselor assessed the behavior and barriers to change, and the degree to which the counselor acknowledged or addressed barriers in the counseling session.
  - Debrief and discuss: What happened, how did the “patient” feel, how did the “provider” feel?

**Goal 5:** Residents will communicate effectively with members of multi-disciplinary health care teams or agencies to coordinate prevention services for patients and families.

**INPATIENT WARDS TGH (INTERDISCIPLINARY DAILY ROUNDS)**

- Residents will participate as active collaborators with an insurance company or healthcare system to promote health- and fitness-promoting programs and policies and/or reimbursement for obesity treatment.
- Discuss the advantages of interdisciplinary team care
  - http://www.med.unc.edu/epic/module4/m4to.htm
- Provide each resident with an opportunity to work or observe a multidisciplinary team and have the resident reflect on the following:
What is the team’s mission? How is it interdisciplinary? How does it relate to its larger organization?
Who is the team’s leader at any given time? Is leadership the same or does it change? How is leadership determined? How is it shared?
What are the roles and qualifications of team members? How does each profession contribute to the team’s task?
What is the climate for the team’s functioning? Is it constructive and open?
How are specific objectives generated and agreed upon for each task?
What are the team’s communication patterns? How does the team make decisions?
How does the team review and evaluate its progress and decisions?
Discuss the knowledge, skills, and values related to effective interdisciplinary teamwork

Residents will participate as active collaborators with an insurance company or healthcare system to promote health- and fitness-promoting programs and policies and/or reimbursement for obesity treatment.

Communication Strategy to Build Collaboration Exercise- Describe the key elements to include in the development of a communication strategy to involve other health care providers or community agencies in working towards a specific prevention health need (childhood obesity, dental caries, etc).

Complete the Interdisciplinary Module: http://interprofessionalhealth.wisc.edu/InterdisciplinaryModule.pdf

Participate in a multidisciplinary case conference to discuss the total care of a child with special needs.

Communicate with a school or participate in an IEP or Section 504 meeting on behalf of a child with special needs.

Attend an AAP committee meeting or local equivalent professional organization addressing the needs of CSHCN.

Shadow a clinical social worker who works with children and families and observe case management for several patients and families.

Identify a local family resource center and visit to see what services they can provide for children with special needs and their families.

Advocacy

**Goal 1:** Residents will understand the role that national, state, and local programs and policies have in regard to health promotion and prevention in your clinic population.

**HIGHLY ENCOURAGE EACH RESIDENT TO ATTEND AT LEAST ONE HILLSBOROUGH COUNTY AAP MEETING AND ENGAGE RESIDENT AAP MEMBERS TO ENCOURAGE PARTICIPATION**

- Discuss with your local AAP chapter’s executive director and/or officers relationships between your chapter and the state and local public health establishment. Make suggested plans for deepening the ties between the two.
  - Do the same with your state medical society.
- Discuss with state health department officials the relationships between physicians in your state and the health department; use these discussions to inform suggestions for improving cooperation between the parties.
- Residents will contribute as an active, participatory community collaborator to promote healthy nutrition and/or active lifestyle activities for their clinic or hospital population (e.g. working with schools, parks and recreation, Boys and Girls club, etc.)
- Identify a community prevention program targeting children. Meet and interact with the leader of this program. Learn about the stakeholders involved in creating and sustaining the program. If there exists no pediatrician or physician involvement, ask about whether involvement would have been or could be an added benefit. How and why is this? Ask about future areas/opportunities for participation.
- Identify and discuss the:
  - Obesity action plans at the local, state, and national levels.
  - P.E. policies for your local school district.
  - Nutrition policies for school meals at the local and national levels.
• Identify a child health prevention topic. Review and discuss the policies in place to promote it at the local, state, and national levels.

**Goal 2:** Residents will be able to communicate effectively with the media and public about the public health issues affecting children’s health, including emergencies and disasters (provide information, manage fears and expectations, provide guidance on where to seek care, etc.).

**ADVOCACY MONTH**

• Residents will participate in at least one of the following activities to promote children’s health:
  - Letter to the Editor
  - Local legislative visit
  - Legislative activities with the AAP
  - Media interviews.

• Critique press releases during anthrax outbreaks in 2001 to see which tenets of risk communication are done well and which are not.

• Review of video available at [www.cdc.gov](http://www.cdc.gov) on talking to parents about vaccines to see which tenets of risk communication are employed.

• Write a summary document about a medical topic that affects child health in your community and present to a non-medical advocacy group (e.g., Voices for Children, United Way).

• Host an event such as town hall forum/rally and invite all interested parties. Let the VIP’s know which other VIPS have been invited. Decide rules of engagement if a town hall forum – will questions be prearranged so that leaders come with answers? Ensure rules help keep a peaceful and constructive environment.
  - Make sure the community/targeted population help decide the major issues or questions upon which to advocate.
  - Document proceedings from the town hall forum or meeting with action steps to ensure that increased prevention strategies are implemented.

• Review the op-ed pieces related to health for the past month in your local paper.

• Ask to meet with your local paper’s editor or the editor of the health/op-ed section. Ask him/her to give pointers/strategies to residents on writing an op-ed piece.

• Pick an important child health issue. Create a draft for an op-ed piece. Have residents share the draft and obtain feedback from the group. Revise and repeat review and feedback. Submit the piece to the local paper.

**Goal 3:** Residents will be familiar with the AAP Resident Advocacy Modules which provide an overview of the legislative process, working with decision-makers, working in partnerships, advocacy communication, and voting.

**ADVOCACY MONTH**

• Use a Resident Activity Checklist, Reflection, and Sign-Off Form to capture resident completion of the AAP Resident Advocacy Modules.

• Have each resident complete an advocacy module ahead of time; then have small groups discuss which module was completed, what they learned, what they valued, and how some of the knowledge or skills may be used in the future to promote children’s health or in their practicing community.